

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

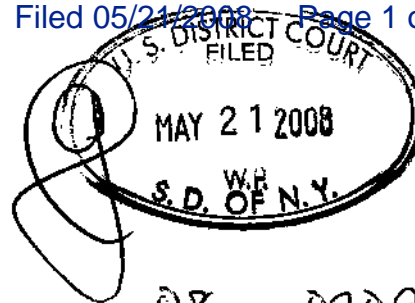
-----X  
EUGENE SUAREZ

Plaintiff,

-against-

MICHAEL J. ASTRUE,  
Commissioner of Social Security,

Defendant.  
-----X



CERTIFICATE OF SERVICE

IRWIN M. PORTNOY, hereby certifies:

I am the attorney for Plaintiff herein, and admitted to practice before this Court.

On March 31, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt requested, to the General Counsel of the Social Security Administration. Said documents were received on April 2, 2008.

On March 31, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Attorney General of the United States. Said documents were received on April 7, 2008,

On March 31, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Office of the General Counsel, Region II. Said documents were received on April 2, 2008,

On March 31, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Office of U. S. Attorney Southern District of New York, Civil Process Clerk, 1 St. Andrews Plaza, New York, NY, Said documents were received on April 2, 2008,

On April 8, 2008, we again mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt requested, to the General Counsel of the Social Security Administration. Said documents were received on April 10, 2008.

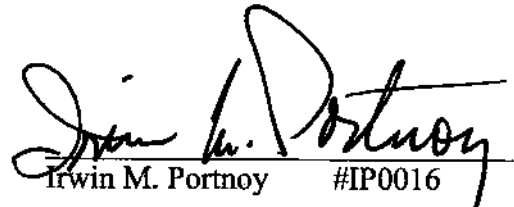
On April 4, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Attorney General of the United States. Said documents were received on April 9, 2008,

On April 8, 2008, we mailed a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Office of the General Counsel, Region II. Said documents were received on April 10, 2008.

On April 8, 2008, we mailed a a copy of the Summons and Complaint in this action by Certified Mail, Return Receipt Requested, to the Office of U. S. Attorney Southern District of New York, Civil Process Clerk, 1 St. Andrews Plaza, New York, NY, Said documents were received on April 10, 2008.

The return receipts for the above are attached as Appendices 1, 2, 3 and 4.

Dated: Newburgh, NY  
May 30, 2008

  
Irwin M. Portnoy #IP0016

E. SWARTZ-SWIMMONS &amp; COMPANY

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Office of Gen Counsel, Region II  
 26 Federal Plaza  
 Room 3904  
 New York, NY 10278

## 2. Article Number

(Transfer from service label)

7004 0550 0000 3121 8134

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service<sup>TM</sup>

## CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.48
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.28</b>

Sent To  
 Office of U.S. Attorney, SDNY  
 26 Federal Plaza  
 Room 3904  
 New York, NY 10278  
 PS Form 3800, June 2002  
 See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Office of the U.S. Attorney  
 SDNY - ATTN: Civil Process Clerk  
 1 St. Andrews Plaza  
 New York, NY 10007

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt ☐ Restricted Mail  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 0550 0000 3121 8165

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service<sup>TM</sup>

## CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>

Sent To  
 Office of Gen Counsel, Region II  
 26 Federal Plaza, Room 3904  
 New York, NY 10278  
 PS Form 3800, June 2002  
 See Reverse for Instructions

7004 0550 0000 3121 8165

E. Swartz - Summons &amp; Complaint

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney General  
 Department of Justice  
 Constitution Ave & 10th St, NW  
 Washington, DC 20013

2. Article Number

(Transfer from service label)

7004 0550 0000 3121 8141

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 1.48  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.28

Postmark  
 Date  
 3/13/08  
 Sent To  
 Gen Counsel, SSA  
 6401 Security Bldg, Rm 611, 4401 Security Bldg  
 City, State, ZIP+4  
 Baltimore MD 21235

PS Form 3800, June 2002

See Reverse for Instructions

EUGENE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X  
 B. Received by (Printed Name) C. Date of Delivery  
 APR 07 2004

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee)

☐ Yes

\* E. Swartz - Summons &amp; Complaint

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

General Counsel, SSA  
 Altmeyer Bldg, Room 611  
 6401 Security Blvd.  
 Baltimore, MD 21235

COMPLETE THIS SECTION ON DELIVERY

3. Service Type  
☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee) ☐ Yes

B. Received by (Printed Name)

C. Date of Delivery

APR 02 2008

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail  
☐ Registered  
☐ Insured Mail  
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
 (Transfer from service label) 7004 0550 0000 3121 8158

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$ 1.48  
 Certified Fee 2.65  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 6.28

Postmark  
 Date  
 3/13/08  
 Sent To  
 U.S. Attorney General  
 6401 Security Bldg, Rm 611, 4401 Security Bldg  
 City, State, ZIP+4  
 Baltimore MD 21235

PS Form 3800, June 2002

See Reverse for Instructions

7004 0550 0000 3121 8141

7004 0550 0000 3121 8158

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 United States Attorney General  
 Constitution Ave. & 10th St., NW  
 Washington, DC 20530

2. Article Number (Copy from service if 7006 3450 0001 0249 2326)

PS Form 3811, July 1999 Domestic Return Receipt  
 102595-99-M-1769

*E. Sullivan - USDC Letter*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
*E. Sullivan* 7/1/99

C. Signature  
☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt ~~for Merchandise~~  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

Postage \$ 41  
 Certified Fee 2.45  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.21

Sent to  
 Office of U.S. Attorney - SDNY  
 Attn: Civil Process Clerk  
 1 St. Andrews Plaza  
 New York, NY 10007

PS Form 3800, August 2005 See Reverse for Instructions

9262 6420 1000 054E 9002

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

Postage \$ 41  
 Certified Fee 2.45  
 Return Receipt Fee (Endorsement Required) 2.15  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.21

Sent to  
 U.S. Attorney General  
 Constitution Ave & 10th St, NW  
 Washington, DC 20530

PS Form 3800, August 2005 See Reverse for Instructions

*Resigned 4/1/99*

9262 6420 1000 054E 9002

**SENDER: COMPLETE THIS SECTION**

■ Complete items 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Office of the U.S. Attorney - SDNY  
 ATTN: Civil Process Clerk  
 1 St. Andrews Plaza  
 New York, NY 10007

2. Article Number (Copy from service if 7006 3450 0001 0249 2333)

PS Form 3811, July 1999 Domestic Return Receipt  
 102595-99-M-1769

*E. Sullivan - USDC Letter*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
*E. Sullivan* 7/1/99

C. Signature  
☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt ~~for Merchandise~~  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Office of Gen. Counsel, Region II  
26 Federal Plaza  
Room 3904  
New York, NY 10278

2. Article Number (Copy from reverse) 7006 3450 0001 0249 2357

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

E. Suarez - USDC LETTER

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) E. SuarezB. Date of Delivery 7/10/99

C. Signature

☒ Agent☐ Addressee☐ Yes☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☒ Return Receipt for Merchandise☐ Registered☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ YesU.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>TM</sup> RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 14
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Sent to

Gen. Counsel, SSA  
26 Federal Plaza, Room 3904  
New York, NY 10278  
Baltimore, MD 21235

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>TM</sup> RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 14
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.21

Sent to

Office of Gen. Counsel, Region II  
26 Federal Plaza, Room 3904  
New York, NY 10278

PS Form 3800, August 2006

See Reverse for Instructions

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) E. SuarezB. Date of Delivery Apr 10 2008

C. Service Type

☒ Certified Mail☐ Express Mail☒ Return Receipt for Merchandise☐ Registered☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☒ Return Receipt for Merchandise☐ Registered☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes☐ No

2. Article Number (Copy from reverse) 7006 3450 0001 0249 2340

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

E. Suarez - USDC LETTER